2014 FEB 17 PM 12: 10

LOUISIANA BOARD OF ETHICS

Post Office Box 4368 Baton Rouge, Louisiana 70821

TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT

⊠ORIGINAL REPORT	(FOR CANDIDATES)	
	This Report	Covers Calendar Year: 2013
☐ AMENDED REPORT XI CUTTENTLY hold an office that would re		
I currently hold an office that would re As such, I have completed SCHEDULE L.	equire me to file a Tier 2.1, or Tier 3	Personal Financial Disclosure Statement.
Office Sought KENNER CITY COUNCIL,	DISTRICT 5	Incumbent: □Yes ⊠No
Date of Election 4/5/2014		_ Incumbent: □Yes ⊠No
Date Qualified 2/12/2014		
Name of Filer (print full name) DOMI	NICK F. IMPASTATO, III	
Mailing Address 9 PLATT DR.		
City, State, Zip KENNER, LA 700	065	
Name of Spouse (print full name) 5H	IANNON W. IMPASTATO	
Spouse's Occupation SELF EMP	PLOYED	
Spouse's Principal Business Ad	dress 9 PLATT DR.	
City, State, Zip KENNER, LA 7006		
Check all that apply:		
☐I have filed my state income tax retu	rn for the previous year.	
☑I have filed for an extension of my st	ate income tax return for the nre	evious vear
☐I have filed my federal income tax re	turn for the previous year.	·
☑I have filed for an extension of my fe	deral income tax return for the	provinuo vaša
NOIE: La. R.S. 18:1495.7 and	42:1124.2 does not provide candi	idates the envents:
extension in filing their person	nal financial disclosure statemen	ts.
	Certification of Accurac	v
do hereby certify, after having	been duly sworn, that the inform	nation contained in this review of 6
disclosure statement is true and correc	t to the best of my knowledge, in	formation, and belief.
ANTHOUS CO	• • • • • • • • • • • • • • • • • • •	**************************************
Signature of Filer		
	Sworn to and subscribed befo	ore me this 17 day of February 2014
		20 <u>77.</u>
		/ -
	M	leve Trushotary Public (print asme)
		MARC L. FRISCHHERTZ (signature)
		ID# NOTARY PUBLIC BAK # 29194
Revised January 2013	Date Con Form 416B	amission EstiAFE OF LOUISIANA
	T91M #10B	MY COMMISSION IS PORVED REstate laus

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Schedule A: Employment Information Check if not applicable

⊠Filer □	Spouse		Full-Time	☐Part-Time
Job Title: A	TTORNEY			-
Name of En	nployer:	FRISCHHERTZ, POULL	IARD, FRISC	HHERTZ, & IMPASTATO, LLC
		130 ST. CHARLES AVE.		
City,	. State, Zip	NEW ORLEANS, LA	70130	
Job Descrip	tion: ATT	ORNEY LEGAL CO	ONSULTA	TION, TRIAL, LITIGATION, AND LEGAL SERVICES
∏Filer ⊠S	Spouse		Full-Time	⊠Part-Time
Job Title: M	LARKETING	G CONSULTANT AN	D CONTR	ACTING SPECIALIST
Name of En	iployer:	SWI CONSULTING, LLC	-	
Addr	ress: 91	PLATT DR.		
City,	State, Zip	KENNER, LA 70065		
Job Descript	tion: MARKE	TING ASSISTANCE AND CO	ONTRACT NEG	OTIATION FOR HEALTH CARE PROVIDERS AND INSURANCE BROKERS
□Filer □S	Spouse			☐ Part-Time
Job Title: _		·		
Name of Em	ployer:			
Addr	'ess:			
City,	State, Zip			
Job Descript	ion:			
□Filer □S	pouse		ull-Time	Part-Time
Job Title:		~ -	THE THEFT	
Name of Em	ployer:		·· -	
Addr	ess:			
City,	State, Zip:			
Job Descript	ion:			

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is fulltime or part-time.

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Schedule B: Positions - Business

Check if not applicable
⊠Filer □Spouse □Both
Amount of Interest (amount exceeds 10%): 20 %
Name of Business: FRISCHHERTZ, POULLIARD, FRISCHHERTZ, & IMPASTATO, LLC
Address: 1130 ST. CHARLES AVE.
City, State, Zip: NEW ORLEANS, LA 70130
Business Description: LAW FIRM
Nature of Association: MEMBER OF LLC (ALSO KNOWN AS A "PARTNER" IN THE LAW FIRM)
□Filer ⊠Spouse □Both
Amount of Interest (amount exceeds 10%): 100 %
Name of Business: 5WI CONSULTING, LLC
Address: 9 PLATT DR.
City, State, Zip: KENNER, LA 70065
Business Description: MARKETING AND CONTRACT CONSULTING
Nature of Association: SOLE MEMBER
Filer Spouse Both
Amount of Interest (amount exceeds 10%): 50 %
Name of Business: IMPASTATO RENTAL PROPERTIES, LLC
Address: 9 PLATT DR.
City, State, Zip: KENNER, LA 70065
Business Description: RENTAL PROPERTY OWNERSHIP AND MANAGEMENT OF PROPERTIES OWNED BY MEMBERS AND LLC
Nature of Association: MEMBER OF LLC

^{*} You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

[&]quot; "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, selfemployed individual, holding company, trust, or any other legal entity or person.

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Schedule C: Positions - Nonprofit

Check if not applicable
⊠Filer □Spouse
Name of Organization: ARCHBISHOP RUMMEL ALUMNI ASSOCIATION, INC.
Address: 1901 SEVERN AVE.
City, State, Zip: METAIRIE, LA 70001
Nature of Association: DIRECTOR (MEMBER OF BOARD OF DIRECTORS)
CHARITABLE SUPPORT GROUP FOR FUNDRAISING AND EDUCATIONAL SUPPORT OF ARCHBISHOP RUMMEL Description of Organization: HIGH SCHOOL
Filer □Spouse
Name of Organization; RUMMEL ALUMNI ENDOWMENT FUND
Address: 1901 SEVERN AVE.
City, State, Zip: METAIRIE, LA 70001
Nature of Association: DIRECTOR (MEMBER OF BOARD OF DIRECTORS)
ACADEMIC SCHOLARSHIP FUND FOR STUDENTS AND FAMILIES IN NEED AND FOR ACADEMIC ACHIEVEMENT AT DESCRIPTION OF Organization: ARCHBISHOP RUMMEL HIGH SCHOOL
⊠Filer □Spouse
Name of Organization: ACACIA FRATERNITY ALUMNI ASSOCIATION
Address: 9 PLATT DR.
City, State, Zip: KENNER, LA 70065
Nature of Association: MEMBER OF BOARD OF DIRECTORS
Description of Organization: NON-PROFIT ORGANIZATION FOR FUNDRAISING FOR THE FACILITY NEEDS OF ACACIA FRATERNITY AND FOR RENOVATIONS OF THE CHAPTER HOUSE ON CAMPUS OF LOUISIANA STATE UNIVERSITY, AND ALSO FOR SOCIAL GATEHRINGS OF ALUMNI OF THE FRATERNITY.

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Schedule C: Positions - Nonprofit

Check if not applicable
⊠Filer □Spouse
Name of Organization: ACACIA FOUNDATION OF LOUISIANA STATE UNIVERSITY, INC.
Address: 3733 W. LAKESHORE DR.
City, State, Zip: BATON ROUGE, LA 70803
Nature of Association: MEMBER OF BOARD OF DIRECTORS
NON-PROFIT CORPORATION HANDLING THE FINANCIAL AFFAIRS AND FACILITY NEEDS OF THE CHAPTER HOUSE Description of Organization: OF LSU STUDENTS LIVING AT THE ON CAMPUS HOUSING FACILITY OF ACACIA FRATERNITY
⊠Filer □Spouse
Name of Organization: WOODLAKE BOOSTER CLUB
Address: 131 W. ESPLANADE AVE.
City, State, Zip: KENNER, LA 70065
Nature of Association: MEMBER OF BOARD OF DIRECTORS
NON-PROFIT CORPORATION OPERATING THE BOOSTER CLUB OF WOODLAKE PLAYGROUND, INCLUDING DESCRIPTION OF ORGANIZATION: DISTRIBUTION OF UNIFORMS TO CHILDREN, EQUIPMENT NEEDS OF CHILDREN, ETC.
⊠Filer □Spouse
Name of Organization: ST. PHILIP NERI SCHOOL, SCHOOL BOARD
Address: 6500 KAWANEE DR.
City, State, Zip: METAIRIE, LA 70003
Nature of Association: PRESIDENT OF SCHOOL BOARD AND MEMBER OF BOARD
ADVISORY AND OVERSIGHT BOARD FOR FINANCIAL AFFAIRS AND OPERATIONS OF ST. PHILIP NERI CATHOLIC Description of Organization: SCHOOL

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Schedule D: Income from the State, Political

Check if not applica	able Subdivisions, and/or Gaming Interests
□Filer □Spou	
	Type of Income: □State ☑Political Subdivision □Gaming Interest
Name of Business (i	fapplicable): IMPASTATO RENTAL PROPERTIES, LLC
	ITCE: HOUSING AUTHORITY OF NEW ORLEANS
Address: 4100	
City, State, Zip	: NEW ORLEANS, LA 70122
Amount of Income (exact dollar amount): \$ 5,134.00
□Filer □Spou	se Business (where amount of interest exceeds 10%)
	Type of Income: ☐State ☐Political Subdivision ☐Gaming Interest
Name of Business (if	applicable):
Name of Income Sou	irce:
Address:	
City, State, Zip	
	exact dollar amount): \$
□Filer □Spous	se Business (where amount of interest exceeds 10%)
in the second se	Type of Income: ☐State ☐Political Subdivision ☐Gaming Interest
Name of Business (if	applicable):
Name of Income Sou	rce:
Address:	
City, State, Zip:	
	xact dollar amount); \$

^{*} You are required to complete Schedule D if you or your spouse received income from the State, any political subdivision, and/or a gaming Interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy. * The definitions for (and examples of) political subdivision, gaming interest, and business are found in the instructions Section of this form.

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Schedule E: Income Received from

Check if not applicable Employment
⊠Filer □Spouse ⊠Full-Time □Part-Time
Name of Source of Income: FRISCHHERTZ, POULLIARD, FRISCHHERTZ, & IMPASTATO, LLC
Address: 1130 ST. CHARLES AVE.
City, State, Zip: NEW ORLEANS, LA 70130
Nature of Services Rendered (pursuant to such employment): LEGAL SERVICES AS ATTORNEY
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000)
☐Filer ☑Spouse ☐Full-Time ☑Part-Time
Name of Source of Income: SWI CONSULTING, LLC
Address: 9 PLATT DR.
City, State, Zip: KENNER, LA 70065
Nature of Services Rendered (pursuant to such employment): MARKETING CONSULTING AND HEALTH CARE CONTRACTING
Amount of Income: Category I (less than \$5,000)
Category III (\$25,000-\$100,000) Category IV (more than \$100,000)
Filer Spouse Full-Time Part-Time
Name of Source of Income:
Address:
City, State, Zip:
Nature of Services Rendered (pursuant to such employment):
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000) Category IV (more than \$100,000)

^{*} You are required to complete Schedule E to disclose the income received by you or your spouse for each full-time or part-time employment

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an Individual) means taxable income and shall πot include any Income received pursuant to a life insurance policy.

^{*}Income that is reported on Schedule D does not have to be restated on Schedule E.

^{*}Income received through self-employment is reported on Schedule F.

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Schedule F: Income Received from

☐ Check if not applicable	Business Interests
AGGREGATE AMOUNT OF IT	NCOME RECEIVED FROM BUSINESS INTERESTS:
Category I (less than \$5,000)	Category II (\$5,000-\$24,999)
Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)
⊠Filer □Spouse	
Name of Business: FRISCHHERT	TZ, POULLIARD, FRISCHHERTZ, & IMPASTATO, LLC
Address: 1130 ST. CHARL	
City, State, Zip: NEW ORL	EANS, LA 70130
Nature of services rendered on reason income was received:	PARTNERSHIP DISTRIBUTIONS RECEIVED FROM LAW FIRM
∏Filer ⊠Spouse	
Name of Business: SWI CONSUL	TING, LLC
Address: 9 PLATT DR.	
City, State, Zip: KENNER,	LA 70065
Nature of services rendered OR reason income was received:	MARKETING CONSULTING FEES EARNED
⊠Filer □Spouse	
Name of Business: IMPASTATO	RENTAL PROPERTIES, LLC
Address: 9 PLATT DR.	
City, State, Zip: KENNER, L	A 70065
Nature of services rendered on reason income was received:	RENTAL REVENUE RECEIVED ON RENTAL PROPERTIES

^{*}You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

^{*}Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

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Schedule F: Income Received from ☐ Check if not applicable **Business Interests**

AGGREGATE AMOUNT OF II Category I (less than \$5,000)	NCOME RECEIVED FROM BUSINESS INTERESTS: Category II (\$5,000-\$24,999)	
Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	. •
Filer Spouse		
Name of Business: IMPASTATO	RENTAL PROPERTIES, LLC	
Address: 9 PLATT DR.		
City, State, Zip: KENNER,	LA 70065	
Nature of services rendered on reason income was received:	RENTAL REVENUE RECEIVED FROM RENTAL PROPERTIES	
Filer Spouse		
Name of Business:		
Address:		
City, State, Zip:		
Nature of services rendered on reason income was received:		
∏Filer □Spouse		
Name of Business:		
Address:		
Nature of services rendered on reason income was received:		

^{*}You are required to complete SCHEDULE F If you or your spouse received income from a business interest.

^{* &}quot;Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

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Schedule G: Other Income

☐ Check if not applicable (any other income that exceeds \$1,000 from each source)	
☐Filer ☐Spouse	<u> </u>
Description of Income:	
Nature of Services Rendered or Reason Income was Received:	
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)	
Category III (\$25,000-\$100,000) Category IV (more than \$100,000)	
☐ Filer ☐ Spouse	
Description of Income:	
Nature of Services Rendered or Reason Income was Received:	
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)	
Category III (\$25,000-\$100,000)	•
Filer Spouse	
Description of Income:	
Nature of Services Rendered or Reason Income was Received:	
Amount of Income: Category I (less than \$5,000) Category II (\$5,000-\$24,999)	
Category III (\$25,000-\$100,000)	

^{*}You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source. * "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

^{* &}quot;Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

^{*}You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability

^{*}Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

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LOUISIANA BOARD OF ETHICS

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Schedule H: Immovable Property (a property that exceeds \$2,000 in value)

☐ Check if not applicable	(a property that	t exceeds \$2,000 in value)	•
□Filer □Spouse ⊠Both		<u>, , , , , , , , , , , , , , , , , , , </u>	
Location of Property Country: USA	State: <u>LA</u>	Parish/County:	JEFFERSON
Description of Property:			
HOME: 9 PLATT DR. KENNER, LA	70065		
or Hea Value	(less than \$5,000)	Category II (\$5,000-\$24,999)	
Of Ose Value: Category II	II (\$25,000-\$100,000)	Category IV (more than \$100,000)	
□Filer □Spouse ⊠Both			
Location of Property Country: USA	State: LA	Parish/County:	JEFFERSON
Description of Property:	•		
CO-OWNED WITH FATHER(DOM	IINICK F. IMPASTA	ATO JR.): 4969 JOAN MARIE DR	. BARATARIA, LA 70036
Fair Market Value ☐ Category I (or Use Value: ☐ Category II)	(less than \$5,000)	Category II (\$5,000-\$24,999)	
Of Ose value: Category II	I (\$25,000-\$100,000)	Category IV (more than \$100,000)	•
☐Filer ☐Spouse 図Both	V		
Location of Property Country: USA	State: LA	Parish /Caustin	JETTERON.
Description of Property:		Parish/County:	JEFFERSON
IMPASTATO RENTAL PROPERTIES	S: 71 7 N. SIBL E Y S	T. METAIRIE, LA 70003	
Fair Market Value	less than \$5,000)	Category II (\$5,000-\$24,999)	
or Use Value: 🛭 Category III	[(\$25,000-\$100,000)	Category IV (more than \$100,000)	

^{*} You are required to disclose the location by country, state, and parish/county.

^{*} You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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Check if not applicable

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Schedule H: Immovable Property (a property that exceeds \$2,000 in value)

☐Filer ☐Spouse	⊠Both		
Location of Proper Country: USA	ty State: LA	Parish/County:	ORLEANS
Description of Propert	y:		
RENTAL PROPERTY	': 125-127 SPENCER ST. NEW C	DRLEANS, LA 70124	
Fair Market Value	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)	
or Use Value:	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	
□Filer □Spouse	⊠Both		
Location of Proper Country: USA	ty State: LA	Parish/County:	ORLEANS
Description of Propert	y:		
IMPASTATO RENTA	AL PROPERTIES: 3729-3731 WI	LLOW ST. NEW ORLEANS, LA 70	0115
Fair Market Value		Category II (\$5,000-\$24,999)	
or Use Value:	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	•
□Filer □Spouse	Both		······································
Location of Proper Country:	•	D 1140	
Description of Propert	State:	Parish/County:	
Description of Propert	y:		
Fair Market Value		Category II (\$5,000-\$24,999)	
or Use Value:	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)	

^{*} You are required to disclose the location by country, state, and parish/county.

^{*} You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

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Schedule I: Investment Holdings

	(an investment holdi	ng that exceed:	s \$5,000)		•
□Filer □Spouse □Both					
Name of Security:					
ALL SECURITES AND INVESTM	IENTS FALL WITHIN EX	CEPTIONS ENU	JMERATEC	BELOW	
Description of Security:					
☐Filer ☐Spouse ☐Both					
Name of Security:					
Description of Security:					
				·	
□Filer □Spouse □Both			·		
Name of Security:					
Description of Security:				<u> </u>	

^{*} You are required to complete SCHEDULE I If you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

^{*}You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, or cash/cash equivalent

^{*}You are not required to disclose Information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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Schedule J: Transactions

☐ Check if not applicable (a transaction that exceeds \$5,000)							
□Filer □Spouse	⊠Both						
Transaction Date: Apr 3	0, 2013						
Description of Transaction: PURCHASE OF RENTAL PROPERTY AT 3729-3731 WILLOW ST. NEW ORLEANS, LA 70115 BY IMPASTATO RENTAL PROPERTIES, LLC							
Amount of Transaction:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)					
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)					
□Filer □Spouse	⊠Both						
Transaction Date: Oct 3	1, 2013						
Description of Transaction: PURCHASE OF RENTAL PROPERTY AT 717 N. SIBLEY ST. METAIRIE, LA 70003 BY IMPASTATO RENTAL PROPERTIES, LLC							
Amount of Transaction:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)					
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)					
□Filer □Spouse	Both						
Transaction Date:							
Description of Transaction:							
·							
Amount of Transaction:	Category I (less than \$5,000)	Category II (\$5,000-\$24,999)					
	Category III (\$25,000-\$100,000)	Category IV (more than \$100,000)					

* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

^{*} You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

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Schedule K: Liabilities

Check if not applicable	(a liability that exceeds \$10,000)	
Filer Spouse		
Name of Creditor: ALL LIABILITIES FALL WI	THIN ENUMERATED EXCEPTIONS BELOW	
Address:		
City, State, Zip:		
Name of Guarantor (if applicable):		
Filer Spouse		
Name of Creditor:		
Address:		
City, State, Zip:	_	
Filer Spouse		
Name of Creditor:		
Address:		
City, State, Zip:		
Name of Guarantor (If applicable):		
Filer Spouse		
Name of Creditor:		
A -1 3		
City, State, Zip:		
Name of Guarantor (If applicable):		

^{*} You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting

^{*} You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

^{*} You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

^{*} You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

^{*} You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

^{*} You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

^{* &}quot;Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

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Schedule L: Other Offices/Positions Held

Check if not applicable					
Name of Office/Position: COMMISSIONER	FOR NEW ORLEA	NS REGIONAL TRAN	ISIT AUTHORITY	(REPORT DUE	5/2014)
Name of Office/Position:					
Name of Office/Position:					
Name of Office/Position:	/				
Name of Office/Position:					
Norma of Office /Parish			<u>,</u>		
		,			
Name of OCC /D					
Name of Office/Position:					
Name of Office/Position:				<u>.</u>	
<u> </u>					

^{*}You are required to complete SCHEDULE L If you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.